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Bib Data Sheet

CONFIRMATION NO. 5843

<b>SERIAL NUMBER</b> 10/038,567	<b>FILING DATE</b> 01/03/2002 <b>RULE</b>	<b>CLASS</b> 704	<b>GROUP ART UNIT</b> 2644	<b>ATTORNEY DOCKET NO.</b> 920070.408
<b>APPLICANTS</b> Peter E. Nielsen, Gig Harbor, WA; Brook A. Thomson, Lakewood, WA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/261,151 01/16/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/07/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 55	<b>TOTAL CLAIMS</b> 18
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 30465 27370				
<b>TITLE</b> Standardized inpatient-outpatient nomenclatures and accepting both outpatient and inpatient data to commonly accessible storage				
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	